Health Equity

The first pillar of the Centers for Medicare & Medicaid Services' (CMS) Strategic Plan is health equity. CMS' strategy to advance health equity will address the health disparities that underlie our health system through stakeholder engagement and by building this pillar into the core functions of CMS. CMS' health equity strategy will build on the Biden-Harris Administration's commitment to advancing racial equity and support for underserved communities through the federal government, as described in President Biden's Executive Orders **13985** and **14091**.

CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all people served by our programs by incorporating the perspective of lived experiences and integrate safety net providers and community-based organizations into our programs. Together this work will eliminate avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that people need to thrive.

CMS programs cover more than 150 million people across the country through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and Marketplace coverage. These programs distribute hundreds of billions of dollars throughout the U.S. health care system annually and provide quality oversight of the majority of health care facilities and providers across the country and care settings. Together with the private sector, we can achieve our health equity goals. **CMS calls on private sector partners to engage with this health equity strategy to sustain long-term action.**

The Centers for Medicare & Medicaid Services health equity goals:

✔ **Close the gaps in health care access, quality, and outcomes** for underserved populations.

✔ **Promote culturally and linguistically appropriate services** to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.

✔ **Build on outreach efforts** to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace.

✔ **Expand and standardize the collection and use of data**, including on race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other factors across CMS programs.

✔ **Evaluate policies to determine how CMS can support safety net providers**, partner with providers caring in underserved communities, and ensure care is accessible to those who need it.

✔ **Ensure engagement with and accountability to the communities CMS serves** in policy development and the implementation of CMS programs.

✔ **Incorporate screening for and promote broader access to health-related social needs**, including greater adoption of related quality measures, coordination with community-based organizations, and collection of social needs data in standardized formats across CMS programs and activities.

✔ **Ensure CMS programs serve as a model and catalyst to advance health equity** through our nation's health care system, including with states, providers, plans, and other stakeholders.

✔ Use the framework under the CMS National Quality Strategy, **aiming to promote the highest quality outcomes and safest care for all people.**

Building Health Equity Into The DNA of CMS

Each CMS Center and Office is building health equity into its core work with the goal of improving the health care experience and outcomes of the communities we serve. The following section details key actions undertaken by CMS Centers and Offices to advance health equity:

Center for Medicare

Health equity goal: The Center for Medicare will advance equity for people with Medicare through operations and policies in the Traditional Medicare, Medicare Advantage and Part D programs, ensuring that services are culturally and linguistically appropriate, care is high-value and person-centered, underserved communities have access to quality care, disparities are eliminated, and social needs are addressed.

Actions to Date:

✔ **Reward Accountable Care Organizations and Medicare Advantage Organizations for excellent care delivered to underserved populations**, develop expanded stratified reporting of Medicare Advantage (MA) and Part D star ratings measures, and align this quality and equity approach with other CMS components.

Impact: Incentivizes plans and providers to invest in health equity initiatives.

✔ **Increase Graduate Medical Education slots** to promote workforce training in underserved areas.

Impact: Improves access to care in underserved

areas by building capacity for the health care workforce.

✔ **Reinstate the requirement that MA and Part D plans include a multi-language insert** to inform beneficiaries of the availability of free language and translation services, and require that provider directories include provider's cultural and linguistic capabilities.

Impact: Advances language access, health literacy, and culturally tailored services for all beneficiaries.

✔ **Establish advanced investment payments that new Accountable Care Organizations can use to address health-related social needs** and transform care delivery, with increasing payments for ACOs treating underserved patients.

Impact: Helps improve access to ACOs in rural and other underserved areas and address the health-related social needs that underly many health disparities.

✔ **Propose to recognize the higher costs that hospitals incur when treating people experiencing homelessness**, when hospitals report social determinants of health codes on claims.

Impact: Will result in more accurate and higher payments for hospitals treating homeless patients.

✔ **Support rural providers by creating the Rural Emergency Hospital provider type**, sustainably financing Rural Emergency Hospitals, and creating flexible telehealth policies for people to access care, in collaboration with CMS' Center for Clinical Standards and Quality and Center for Program Integrity.

Impact: Supports rural, tribal, and geographically isolated providers, access to care in these areas, and may help prevent rural hospital closures.

✔ **Create new supplemental payment for Indian Health Service and Tribal hospitals.**

Impact: Supports stability in uncompensated care payments and mitigates long- term financial disruption for these hospitals.

Center for Clinical Standards and Quality

Health equity goal: Focusing on a person-centric approach as part of an overarching CMS Quality Strategy, which strives toward creating a care journey that is free from inequity while optimizing opportunities and access for underserved populations. Identifying measurable interventions to close gaps in quality care and outcomes.

Actions to Date:

✔ **Finalized health equity-focused measures** in all care settings, including a measure of hospital commitment to health equity, a measure of the percent of adults screened for social drivers of health, and a measure of those who have been screened positive for harmful social drivers of health.

   Impact: Fosters leadership across all care settings and organizational culture of equity; promotes patient screening and subsequent access to services; expands the collection, reporting, and analysis of standardized data.

✔ **Finalized a "Birthing-Friendly" hospital designation** to capture hospital maternity care quality improvement efforts as a facility characteristic, with the goal of displaying this information in a user-friendly format on the "Care Compare" website.

   Impact: Enhances focus on health equity for birthing people and holds hospital leadership accountable for outcomes, as well as allows consumers to choose hospitals that have implemented improvements in birthing practices.

✔ **Directing quality improvement resources** to populations identified for the greatest health disparities using dimensions of the social vulnerability index and area deprivation index, and food access data.

   Impact: Provides technical assistance and education to disadvantaged communities, and providers serving those communities to ensure access to health care services, and better outcomes.

✔ **Propose to reward excellent care for underserved populations in hospital and skilled nursing facility payment programs** by creating an opportunity for hospitals and skilled nursing facilities to receive bonus points based on high performance on existing quality measures and the proportion of underserved patients (defined at this time as patients that are dually eligible).

   Impact: Incentivize the highest quality of care to be provided to all beneficiaries that Hospitals and SNFs serve including the underserved.

Center for Medicare and Medicaid Innovation

Health equity goal: The CMS Innovation Center's goal is to promote a health system that achieves equitable outcomes through high-quality, affordable, person-centered care.

Actions to Date:

✔ **Incorporating equity in model design**, including development and implementation of health equity plans, quality measurement, and robust evaluation for health equity impact.

   Impact: Informed by the Accountable Health Communities Model, pilot tested new approaches for screening and referrals for social needs that may be incorporated into new Models.

✔ **Addressing historical underinvestment through payment adjustments or enhanced benefits** to expand access and improve care for underserved populations.

   Impact: Developed innovative payment incentives and supports for health care providers caring for underserved populations, including the Health Equity Advancement Resource and Transformation (HEART) payment in the Maryland Primary Care Program, Monthly Enhanced Oncology Services (MEOS) payment in the Enhancing Oncology Model, and the Health Equity Benchmark Adjustment in the ACO REACH Model.

✔ **Improving rates of participation** among safety net providers, including community health centers and disproportionate share hospitals.

Impact: Increased participation in the ACO REACH Model by critical access hospitals, federally-qualified health centers, and rural health centers with 824 such providers participating in the model in 2023.

✔ **Increasing collection of sociodemographic data** to measure the proportion of patients from underserved populations in models.

Impact: Developed an approach to implementing sociodemographic data collection and reporting requirements in the Enhanced Oncology Model and ACO REACH Model to monitor and evaluate impacts across populations.

Medicare-Medicaid Coordination Office

Health equity goal: Improving access to care and health outcomes for individuals dually eligible for Medicare and Medicaid.

Actions to Date:

✔ **Support providers in delivering disability-competent and accessible care** by providing training curriculum and resources through the Resources for Integrated Care technical assistance.

Impact: Improve access to care for people with disabilities.

✔ **Improve access to the Medicare Savings Programs** through public outreach and partnership with states.

Impact: Improve access to care and economic security for low-income older adults and people with disabilities.

✔ **Improve coordination between Medicare and Medicaid** for people dually eligible for both programs through rulemaking to strengthen dual eligible special needs plans, elevate the voices of enrollees in plan governance, improve access to information in non-English languages

and alternate formats, and better identify and address housing instability, food insecurity, and barriers to transportation.

Impact: Improve enrollee experiences and coordination of care.

Center for Medicaid and CHIP Services

Health equity goal: Closing gaps in coverage, access, and quality of care among people who are Medicaid- and CHIP-eligible or enrolled, improve data collection and analysis of disparities in coverage and care, support innovation, and orient activities to close gaps.

Actions to Date:

✔ **Roll back restrictive Medicaid policies** that prevented access to coverage and care in Medicaid and violated the core objectives of Medicaid, including state policies that took coverage away from people who didn't meet work requirements.

Impact: Removes barriers to access that disproportionately negatively affect underserved communities.

✔ **Improve access to continuous coverage and quality of care in the postpartum period** by working closely with states to encourage uptake of 12 months of extended postpartum coverage for pregnant people enrolled in Medicaid and CHIP.

Impact: Increases access to services in the postpartum period for underserved enrollees known to be at higher risk of adverse outcomes.

✔ **Work with states to identify opportunities to connect justice-involved individuals with community-based services** immediately upon release, including through section 1115 demonstration approaches that provide individuals with pre-release services and transitional services upon re-entry.

Impact: Promotes access to essential services to increase foundational footing for individuals re-entering communities.

✔ **Release proposed regulations to improve access to care and managed care transparency**, by creating national standards for access to provider appointments, transparency for certain provider rates, and improved access to home- and community-based services.

Impact: Ensures access by addressing barriers enrollees face across fee-for-service and managed care, as well as across physical health, behavioral health, maternal health, and home and community-based services.

✔ **Support states in addressing enrollees' unmet health-related social needs (HRSN)**, such as housing insecurity and nutrition insecurity, through innovative policies in Section 1115 demonstrations, managed care in-lieu-of services and supports (ILOS), and other Medicaid and CHIP authorities.

Impact: Addresses health-related social needs which drive poor health outcomes and underlie health disparities.

✔ **Expand access to school-based services**, including behavioral health services, for children enrolled in Medicaid and CHIP by providing states with claiming guidance, technical assistance, and best practices.

Impact: Addresses the growing concerns in youth behavioral health, which disproportionately impact children and teens living in low-income communities, ethnic minority youth, LGBQ+ youth, and those with special needs.

✔ **Release proposed regulations to stratify Core Set reporting by various demographic factors**, such as race and ethnicity, over a phased-in period as part of mandatory reporting of quality measures in the Medicaid Child and Adult Core Sets.

Impact: Measures disparities in quality of care to identify health inequities and opportunities for continuous quality improvement.

✔ **Expand access to home- and community-based services (HCBS) through the American Rescue Plan**. The American Rescue Plan provided states with a temporary 10 percentage point increase to the federal funding for certain Medicaid HCBS. CMS is working to invest in high-value services to help people with disabilities and older adults live safely and independently in their communities.

Impact: HCBS benefits provide critical services to millions of people, allowing them to receive health services in their homes and communities, rather than in nursing homes and other institutions.

Center for Consumer Information and Insurance Oversight

Health equity goal: Increase coverage among the underserved who are Marketplace-eligible or enrolled, make Marketplace coverage more accessible and available to underserved populations, ensure and strengthen consumer protections for coverage, and improve data collection and analysis to reduce health disparities.

Actions to Date:

✔ **Increase federally facilitated Marketplace enrollment among underrepresented populations by 25%** by quadrupling the number of Navigators, initiated a new Special Enrollment Period (SEP) for consumers with household incomes at or below 150% of the federal poverty level, and a SEP for consumers losing Medicaid of CHIP coverage due to unwinding of the Medicaid continuous enrollment condition from March 31, 2023 to July 31, 2024.

Impact: Reduces the uninsured rate among underserved communities.

✔ **Acted to decrease the number of single-issuer rural counties in the individual market by incentivizing issuers to enter service areas.**

Impact: Through greater competition, increase choice and affordability for consumers in rural communities.

✔ **Implemented new requirements for network adequacy for qualified health plans on the federally facilitated Marketplace for 2023, including time and distance standards and appointment wait times.**

Impact: Would improve the availability of coverage to ensure that consumers, especially those in underserved communities, can utilize their insurance to get needed care.

✔ **Improved consumer choices by requiring issuers of qualified health plans in Marketplaces using the federal platform to offer standardized plans and proposed further improvements to reduce choice overload.**

Impact: Would allow consumers to compare plan options easily to choose a plan that meets their medical and financial needs, as well as make baseline health benefits more transparent.

✔ **Strengthened Health and Human Services essential community provider requirements and proposed additional categories to improve mental health.**

Impact: Would improve access to providers for underserved communities.

✔ **Finalized new regulations prohibiting Marketplaces, issuers, agents, and brokers from discriminating against consumers based on sexual orientation and gender identity.**

Impact: Would ensure consumers do not face discrimination based on their gender identity and sexual orientation.

✔ **Promulgated new regulations under the No Surprises Act related to surprise medical bills and unexpected health care costs.**

Impact: Ensures consumers, especially those in underserved communities, understand their rights and can access protections against financial harm, as well as reduces medical debt-related bankruptcies.

✔ **Finalized new data elements the for enrollment and claims issuer data collection used for the HHS-operated Risk Adjustment program, including race/ethnicity data, for the individual and small group markets starting in benefit year 2023.**

Impact: Allows CMS to better identify racial and ethnic disparities in coverage and assess equity impacts of HHS programs.

Office of Minority Health

Health equity goal: Driving change across the agency by supporting the advancement and integration of health equity in the development, evaluation, and implementation of these and other CMS policies, programs, and partnerships.

Actions to Date:

✔ **Establish strategies to advance health equity at CMS** by releasing the CMS Framework for Health Equity 2022-2032, The Path Forward: Improving Data to Advance Health Equity Solutions, and the CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities, to assist in operationalizing health equity across the Agency.

Impact: Each of these initiatives, further advance health equity, expand coverage, and improve health outcomes for the more than 170 million individuals supported by CMS programs, by setting the foundation and priorities; outlining the current state of health equity data collection across CMS programs and defines CMS's future actions to continue to improve health equity data; and operationalizing our efforts across CMS programs to promote access to high-quality, equitable care in rural, Tribal, and geographically isolated communities.

✔ **Advancing research capacity at minority-serving institutions** to research health disparities and social determinants of health, understand root causes of health disparities, and disseminate best practices uncovered through research funded by the CMS Office of Minority Health, Minority Research Grant Program (MRGP).

Impact: CMS has funded health equity research

at minority serving institutions through MRGP for two decades. In 2022, CMS OMH awarded three recipients $333,000 each, expanding our commitment to advancing health equity among populations represented in CMS programs.

✔ **Provide technical assistance** through the CMS Health Equity Technical Assistance Program to support health care professionals, health plans and systems, State Medicaid Agencies, federal, state, tribal and territorial, and local health agencies, universities, community partners and all other external CMS stakeholders, as well as across CMS, as they we work together to embed health equity within CMS programs, policies, and operations.

Impact: Builds capacity within CMS to assess health equity impacts of our programs, and identify and eliminate barriers experienced by members of underserved communities and health care professionals who serve these communities. In addition, builds capacity among local communities and CMS partners to design and operate equitable health care systems and help ensure that all CMS benefits, services and supports, and coverage are available to all individuals, particularly those located in and serving underserved communities.

✔ **Create and distribute provider training materials** to help health care professionals understand the needs of those they serve and remove barrier to improve quality, experience of care, and access to care for members of underserved communities.

Impact: Ensures that health care professionals across all settings and coverage types have the tools and information they need to provide culturally and linguistically tailored, accessible care that meets the unique needs of each person they serve.

✔ **Expand community outreach** efforts to gain valuable insight from stakeholders using roundtables, listening sessions, and events for meaningful, bidirectional engagement with a broadened base of underserved populations.

Impact: Provides CMS with current information about the dynamic and diverse needs of each community we serve, ensuring our CMS programs, policies, and operations are designed and implemented with an intersectional lens that reflects the priorities of our populations, particularly members of underserved communities who may not have a long history of engaging with CMS.

✔ **Provide resources and use of data for quality improvement activities** through the continued release of stratified reports to understand the nature of health care disparities and provide useful information for plans to consider strategies to improve the quality of care received by underserved groups.

Impact: To comprehensively address and eliminate health disparities, it is necessary to measure and publicly report – in a standardized and systematic way – the nature and extent of health care disparities. These stratified reports allow data to be analyzed by race and ethnicity, sex, and geography and provide information using CMS datasets. Additionally, the reports provide useful information for targeting quality improvement activities and resources, monitor health and drug plan performance, and advancing the development of culturally and linguistically appropriate quality improvement interventions and strategies.

Office of Communications

Health equity goal: Driving change across the agency by integrating health equity into the development of public facing materials and communications that CMS releases to stakeholders on a daily basis.

Actions to Date:

✔ **Continued support and outreach for Medicare beneficiaries on Medicare Savings Programs and other cost-savings programs.**

Impact: Increases the education of beneficiaries on the availability of programs to reduce their costs. For example, during the recent Open Enrollment period we included messaging on

MSP in the outreach campaign such as within a print advertisement and social media. 1-800 MEDICARE representatives are also trained to provide education on the Medicare Savings Programs as well as other ways for beneficiaries to reduce their costs.

✔ **Expand culturally competent and linguistically accessible education campaign outreach.**

Impact: Increases reach in historically underserved communities. For example, during the recent Open Enrollment Period, the Biden-Harris Administration made a concerted effort to make affordable health care more accessible to historically uninsured and underinsured populations by conducting targeted outreach to historically underserved communities. This included advertising in Chinese (Mandarin and Cantonese), Korean, Vietnamese, Tagalog, and Hindi, and specific campaigns to the Black and Latino communities. As a result of this work in part, HealthCare.gov states enrollment among Hispanic people increased by 26% and Black people increased by 35%.

✔ **Translate the "Medicare & You" handbook and other educational materials for Medicare beneficiaries into additional languages.**

Impact: Increases the accessibility of CMS programs and resources. For example, CMS translated the Medicare & YOU handbook into Chinese, Korean, and Vietnamese for the first time.

Updated May 2023